## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State P99000009415 DOCUMENT # 1. Entity Name 05-22-2002 90109 044 \*\*\*150.00 APPLIANCE PLUS CONSUMER SERVICES, INC. Mailing Address Principal Place of Business 12579-6687 NORTH 12577 686T NORTH LARGO FL \$3773 LARGO FLX3773 3. Mailing Address RUSTAL LAKE DA 1507 C DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3553846 Not Applicable KEI \$8.75 Additional 5. Certificate of Status Desired Fee Required 7:- Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent ORO AVIER PRICE, DONALD E Street Address (P.O. Box Number is Not Acceptable) CRYSTAL 12577 66ST NORTH **LARGO FL 33773** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Delete TITLE TITLE NAME PRICE, DONALD NAME STREET ADDRESS 52289 2ND AVE NORTH STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE **VPST** TITLE NAME TORO, JAVIER NAME STREET ADDRESS 1511 CRYSTAL LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 TITLE Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME - 76 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other time empowered.

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X4 10-0 2. 863/559-326.

Date Daytine Phone #